

Entered -7-6-00 - sb
CL 00L0410- ALEXIS HOLMES

00- *R* -2020

CLAIM OF: LISA BRANCH


1404 Woodland Avenue SE
Atlanta, Georgia 30316

For damages alleged to have been sustained when a sidewalk was damaged during the removal of a tree on February 25, 2000 at 1404 Woodland Avenue, SE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **LISA BRANCH** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained when a sidewalk was damaged during the removal of a tree on February 25, 2000 at 1404 Woodland Avenue, SE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0410

Date: 11/15/00

Claimant /Victim LISA BRANCH

BY: (Atty) _____

Address: 1404 Woodland Avenue, Atlanta, Georgia 30316

Subrogation: _____ Claim for Property damage \$ 1,750.00 Bodily Injury \$ _____

Date of Notice: 6/19/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 2/25/00 Place: 1404 Woodland Avenue

Department PRCA Division: Parks

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained damages as a result of city workers cutting down a split tree and stump on a city right-of- way and broke her sidewalk.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____


Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 1,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 11-30-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6/12/2000

Jordan
06/29/00
DM

Dear Municipal Clerk:

00-19-00 P00:57 IN
ENTERED - 7-6-00 - SB
00L0410 - DOBBS JORDAN

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: Feb. 2000 2. Time of Incident: 8 A.M. 3. Police called: Yes No
(month/day/ year)
4. Location of incident (including street address): 1404 Woodland Ave. Atlanta, Ga. 30316 S.E.
5. Name of your insurance company: State Farm Ins. Policy No. 11-E5-4972-0
6. State what and how incident occurred: Due to the ice storm in Feb. of 2000.
The tree in front of my house split and large parts of tree
branches broke. So I call to have city workers come and remove
tree from there. While cutting tree down, part of tree fell and broke
sidewalk. And also broke apron near street that goes to my driveway.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL
RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. I had my Driveway torn out and repaired and I also had that apron fix.
The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and
proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by
State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Lisa Branch
Signature of Claimant

Lisa Branch
(Print Claimant's Name)
1404 Woodland Ave.
(Address)
Atlanta Ga. 30316
(City, State and Zip Code)

4) 325-1700 (Ext) 1818 4) 624-4908
(Work Number) (Home Number)
678-498-4500

00- -2020